

determine the necessity of post-procedure imaging, and in turn formulate local guidelines.

Method: All consecutive Hickman lines inserted in our hospital between June 2006 and December 2010 were studied. Data was collected using a standardised proforma and details like vein used, peri-operative imaging, position of catheter tip and complications were noted.

Results: 147 Hickman lines were inserted during the study period. 102 procedures were done by surgeons and 45 by radiologists. The subclavian route was the preferred approach in 68.7% cases. Of those inserted in theatre, 100 were under radiological guidance, of which 90 had a post procedure chest radiograph. Radiologists used image-guidance for all 45 patients, with only 11% having a post-procedure radiograph. Out of all 97 post-procedure radiographs there were no reported complications.

Conclusions: We recommend that following the placement of a Hickman line under radiological guidance, there is no requirement to perform a chest radiograph. This will inevitably save hospital resources but also reduce radiation exposure to the patient.

0734 A NOVEL IMPLEMENTATION TO FIX NECK OF FEMUR FRACTURES WITHIN 48 HOURS

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Aims: British Orthopaedic Association guidelines aim to treat 75% of neck of femurs fractures (NOFF), in otherwise medically fit patients, within 48hrs of arriving to hospital. Further to this the Department of Health introduced a 5% bonus fee for treating NOFF by 36 hours. Could these targets be better achieved with introducing dedicated 'NOFF' trauma lists?

Methods: We conducted a retrospective audit of NOFF patients from 6th Aug 2008 to 9th Nov 2008, and prospectively audited those admitted 1st Feb 2009 to 1st May 2009, after institution of extra NOFF trauma lists. The loop was closed by a prospective audit from, 2nd July 2009 to 30th Oct 2009 to assess the impact of reducing these trauma lists.

Results: 389 NOFF patients were reviewed with a median age of 83 (61–103). The introduction of three 'NOFF' lists a week in the RBH improved it's percentage of patients treated by 48hrs from 69.3% to 89.4%. As the NOF lists were reduced only 80.2% were treated in 48hrs, and 29.7% fewer patients were treated in less than 36hrs, which would translate to an annual loss of around £17,000 in bonus payments.

Conclusions: Thrice weekly dedicated NOFF trauma lists improve patient care and are financially beneficial.

0735 LIVER RESECTION FOR NON COLORECTAL LIVER METASTASES – IS THERE A ROLE?

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Aims: Liver resection for colorectal liver metastases is well established. There is evidence supporting resection in patients with non-colorectal primary tumours but no randomised controlled trials. We analysed resections performed for non-colorectal, non-neuroendocrine primaries.

Methods: We retrieved casenotes for patients referred for possible liver resection between 2002 and 2010. We analysed patient demographics, tumour characteristics, treatment offered and outcomes.

Results: We identified 24 patients referred with non-colorectal liver metastases (NCRLM). 19 patients underwent liver resection, 5 were not considered for surgery in view of disseminated disease.

11 men and 8 women underwent resection with a median age of 60 years (interquartile range 48 to 63). The primary tumours were ocular melanoma (5), renal cell (3), GIST (2), testicular (2), salivary gland (2), thymic (1), breast (1) duodenal adenocarcinoma (1), prostate (1) and ovarian (1). Median survival was 16 months (interquartile range 6–34 months). Interval between diagnosis of primary tumour and detection of liver metastases was longer in patients with resectable disease (11–177 months) compared with those who did not (0–24 months).

Conclusions: There is increasing recognition of the role of liver resection in NCRLM. Our experience supports current literature which suggests outcomes are improved by surgery in carefully selected patients.

0737 ENDOSCOPIC NASAL POLYPECTOMY UNDER LOCAL ANAESTHETIC: THE PATIENT'S PERSPECTIVE

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Aim: Assessing patient satisfaction with local anaesthetic endoscopic nasal polypectomy

Method: A 16-point questionnaire was sent to all patients who underwent the procedure over a two-year period. They were asked about previous operative history, quality of operative information given, level of pain felt and how well it was managed, effectiveness of procedure on their symptoms and overall perception of the experience.

Results: Of 32 patients, response rate was 81%. Half of the patients had previously had nasal polypectomy under general anaesthetic. 94% percent felt their pain was dealt with appropriately, and 88% would have the procedure repeated if needed. All patients were discharged within 6 hours and 92% reported symptomatic improvement and were happy with procedure.

Discussion: One of the seven pillars of clinical governance is to encourage patient involvement and feedback, and addressing practice accordingly (1). With national patient reported outcome measures (PROMS) being at the forefront of recent discussions, we highlight our patients' experiences. The Department of Health has proposed improving healthcare by maximising day-surgery (2), and in addition to allowing for significant cost savings, we demonstrate that effective use of local anaesthesia allows for the procedure to be carried out safely as day-case surgery.

0738 MANAGEMENT AND OUTCOME PREDICTORS IN ACUTE SURGICAL ADMISSIONS FOR LOWER GASTROINTESTINAL BLEEDING

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Aims: Our aim was to elucidate factors which can be implemented for early risk stratification of patients presenting with lower gastrointestinal bleeding (LGIB).

Methods: Patients identified from prospectively maintained surgical admissions database. Data collected on 26 clinical factors available on initial presentation. Severe bleeding defined: continued bleeding within first 24 hrs, requirement of blood transfusion, decrease in haematocrit $\geq 20\%$, recurrent bleeding ≥ 24 hrs of stability. Adverse outcome defined: emergency surgery to control bleeding, ITU admission, death.

Results: 172 patients with LGIB, representing 3% of all surgical referrals. Severe bleeding occurred in 106 patients (61.6%). Adverse outcome recorded in 20 patients (11.6%); 10 patients (5.8%) died during admission. Commonest aetiologies: diverticulitis, haemorrhoids, and neoplasm. Three independent prognostic factors for severe bleed identified: haematocrit < 0.35 ($p=0.002$), bright red blood per rectum on examination ($p<0.001$), and age >60 years ($p=0.03$). Four independent prognosticators of an adverse outcome were identified: creatinine >150 ($p=0.002$), age >60 years ($p=0.001$), abnormal haemodynamic parameters ($p=0.05$) and continued bleeding within the first 24 hours ($p=0.05$).

Conclusions: These independent prognostic factors may facilitate identification of patients who should be candidates for more aggressive resuscitation, admission to monitored bed and consideration for early surgical intervention.

0739 OPERATIVE MANAGEMENT OF APPENDICULAR PHLEGMON – A FIVE YEAR NATURALISTIC FOLLOW-UP STUDY

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Background/Aim: Acute appendicitis can often manifest with an appendicular mass. Although appendicectomy is often a life saving procedure especially in patients with perforated appendix and peritonitis, many